

RURAL DISTRICT COUNCIL OF RINGWOOD AND FORDINGBRIDGE

A N N U A L . R E P O R T

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1973

by

D.J.N. McNAB, V.R.D., M.B., Ch.B., D.P.H.

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DECEMBER, 1973.

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MEDICAL OFFICER OF HEALTH

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TO THE CHAIRMAN AND MEMBERS OF THE RURAL DISTRICT
COUNCIL OF RINGWOOD AND FORDINGBRIDGE

I present the twenty seventh and last Annual Report of the last medical Officer of Health on the health and sanitary circumstances of your District.

RAINFALL FOR 1973:

	mm.	ins		mm.	ins.
January ...	47.0	1.85	July ...	27.9	1.10
February...	15.9	0.63	August..	37.0	1.46
March ...	14.9	0.59	September ...	52.4	2.06
April ...	40.2	1.58	October. ...	63.9	2.52
May ...	77.3	3.04	November ...	31.4	1.24
June ...	51.6	2.03	December ...	49.9	1.96
		<u>TOTAL:</u>			
		509.4 mm.			20.06 ins.

GENERAL STATISTICS:

Area: 36,481 hectares.
Population: Registrar-General's estimate for mid-year 1973: 33,080.
Number of inhabited houses: 12,798.
Rateable value at 31.3.73: £1,465,272.
Sum represented by a Penny Rate: £14,228.

NOTIFIABLE DISEASE:

Disease	Number notified
Measles	2
Scarlet Fever	1
Meningitis	2
Infective Jaundice	2

TUBERCULOSIS:

	<u>Pulmonary</u>		<u>Non-pulmonary</u>		<u>Total</u>
	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	
No. on Register at 31.12.73:	130	93	44	20	287

IMMUNISATION AGAINST DIPHTHERIA, WHOOPING COUGH, TETANUS AND POLIOMYELITIS:

Type of Vaccine	Year of Birth					Others under 16	Total
	1973	1972	1971	1970	1969 - 66		
DIPHTHERIA WHOOPING COUGH AND TETANUS							
Primary	3	225	80	4	1	-	313
Re-inforcing	-	1	1	1	7	1	11
DIPHTHERIA TETANUS							
Primary	-	4	-	-	7	3	14
Re-inforcing	-	-	-	1	280	77	358
TETANUS							
Primary	-	2	-	-	1	17	20
Re-inforcing	-	-	-	1	6	267	274
POLIOMYELITIS							
Primary	3	228	79	4	9	20	343
Re-inforcing	-	-	1	3	171	96	271

SMALLPOX VACCINATION:

	Year of Birth					Others under 16	Total
	1973	1972	1971	1970	1969 - 66		
Primary Vaccination	2	12	-	19	-	30	63
Re-Vaccination	-	-	-	2	-	147	149

MEASLES VACCINATION.

Year of Birth					Others under 16	Total
1973	1972	1971	1970	1969 - 66		
-	166	129	24	93	8	420

RUBELLA (GERMAN MEASLES) VACCINATION:

145 girls under 16 received Rubella Vaccine during the year.

HOUSING:

Number on Housing Waiting List 31.12.73: 545.
Number of Council Houses completed in 1973: 30.
Number of Private Houses completed in 1973: 287

DWELLINGS ADMINISTERED BY THE COUNCIL AT 31.12.73:

Permanent Houses 1587

GENERAL REMARKS:

This Report is being compiled at a time when the District is rent asunder and the staff and records dispersed. Few of the particulars are available that formerly formed the bulk of the Report. The Registrar-General's statistics will not be available until April or May and the Chief Public Health Inspector is unable to produce his owing to the prior demands of Reorganisation.

Accordingly, I think it might be of interest to consider some of the changes which have taken place in the area during the 40 years since the District was formed, under the County of Southampton Review Order 1932, by the amalgamation of the Ringwood Rural District, the Fordingbridge Rural District and part of the Christchurch Rural District on 1st April 1932. The then Medical Officer of Health, Dr. C. Conyers Morrell served until 1947 when I succeeded him. I have extracted some figures from the Annual Report of 1932, from that for 1947 and from the 1972 Report - the last year for which there are complete statistics.

	<u>1932</u>	<u>1947</u>	<u>1972</u>
Population	18,400	21,360	32,200
No. of inhabited houses	4,931	6,670	12,481
Rateable value	£96,897	£137,081	£1,415,680
Sum represented by a Penny Rate	£370	£580	£13,702
No. of Births	284	472	396
Birth Rate per 1,000 population	15.4	22.09	12.3
No. of Deaths	233	291	576
Death Rate	12.6	13.6	17.9
Infant Mortality Rate	59.8	36	10.0

These figures indicate with great clarity the growth that has taken place in your District, notably since the war. There is a falling birth rate and a rising death rate as the result of the age imbalance of the population due to the post-war influx of retired people.

The whole District is now supplied with water from the mains of the West Hampshire Water Company which draws its water from two sources, the Avon at Christchurch and deep boreholes in the chalk at Hale. This latter supply came into use in 1957 and now serves most of your District. In 1932 the Company's mains extended only to Ringwood and supplied that town and the villages on the main road between Christchurch and Ringwood. Main water reached Bransgore and Burley in 1934 and Fordingbridge in 1935 though there appears to have been some reluctance on the part of many in the town of Fordingbridge to connect to the main supply. Comment is made on the large number of shallow polluted wells in that town. The last village in the District to be supplied with main water was Breamore in 1956, and here again there was much delay in taking advantage of the facility.

In 1932 only the town of Ringwood was provided with main sewerage. Throughout the rest of the District sanitation was by pail and earth closets and cesspits with disposal in general by burial. With the provision of main water to Fordingbridge successive Reports laid stress on the need for main sewerage but nothing was done prior to the war. One of my first duties when I became Medical Officer of Health was to attend a Public Enquiry at Fordingbridge into the provision of a sewerage system. Dr. A.T. Westlake appeared as an objector. Approval was given to the scheme which, when it finally started, was dogged with trouble throughout. It was not completed until 1954. The old Ringwood Sewage Works at Moortown had disposed of its sewage by settlement and land irrigation but with the passage of time and the increase in the flows the land became incapable of dealing effectively with the volume of fluid poured on to it, and in times of flood there was constant danger of pollution of surrounding water courses. A scheme was prepared for full treatment and submitted to the Ministry in 1958, but it was 1965 before the Works were finally completed. In the meantime, advantage was being taken of the new Christchurch Works in Stony Lane to drain Burton, and later Bransgore and Thorney Hill to these Works, and schemes were prepared and put into force for the drainage of St. Leonards and Burley. There are now no further major schemes contemplated though it is possible to envisage extensions to existing schemes.

In 1932 there were about 5,000 houses in the District, of which 116 were Council houses. Apparently there was no waiting list. By 1947 there were still only 6,600 houses and 178 permanent Council houses with 678 on the Housing Waiting List. We had begun to use ex R.A.F. Nissen huts at Holmsley and later at Ibsley as temporary housing accommodation. Such was the housing shortage that by 1952 we had 373 families in temporary hatted accommodation where many had squatted in the first place. By 1950 our Waiting List had risen to 881. The last families were not rehoused from the huts until 1962. The Council did its best to provide new Council housing but was hampered by controls and shortage of land. However, there were 1,557 Council houses by 1972 including 136 old persons flats. The waiting List was still substantial, standing at 451 and this is to be expected with the present prohibitive cost of housing in this area.

The Gypsy Communities at Thorney Hill and elsewhere in the District exercised my predecessor and myself over the years. Attempts were made to improve the deplorable sanitary conditions in the Compounds which had resulted in an almost universal infestation with roundworm. Little improvement resulted owing to lack of co-operation on the part of the inhabitants themselves. As I have said empty nissen huts left at the end of the war were squatted in by homeless families and these included a number of gypsies. This trend increased until there were many gypsy families in huts and they in turn became Council tenants when the Council took over the huts, regulated the tenancies, and made alterations to render them more suitable as housing accommodation. There were eventually far more gypsy families in Council huts than in the Compounds, and as efforts were made to discontinue the use of huts, substantial numbers were housed by the Council in the Thorney Hill and Bransgore areas and in Ringwood. A few families presented major difficulties after rehousing and there was a residue on the Compounds who were felt to be unsuitable for direct transfer into Council housing. As a result of this situation the County Council welfare Department set up a Rehabilitation Centre at Thorney Hill in 1964 on ground adjoining the existing Compound where 14 families were housed in caravans and prefabricated bungalows with staff accommodation for welfare workers and wardens. The object of the Centre was so to raise the standards of the families housed there that they would be acceptable as Council tenants and the Council agreed progressively to provide housing for suitable cases. By 1972 the Council had rehoused 8 families from the Centre but there still are some who have progressed less well than might have been hoped. Some 70 families of gypsies or near gypsies have however been housed by the Council since 1949.

One of the features of post war public health has been the progressive and striking decline in notifiable infectious disease under the influence partly, of more effective treatment - e.g. antibiotics, but more particularly as the result of immunisation. In a small District such as this the figures may not seem impressive but on a national scale the full effect can be seen. In 1939 there were 47,000 cases of Diphtheria notified in England and Wales with over 2,000 deaths - in 1972 there were 5 cases and no deaths. Even in this District there were 66 cases of Diphtheria between 1932 and 1938 but there has been no case notified since 1949. Likewise with Poliomyelitis where 7,776 cases with 707 deaths were recorded in England and Wales in 1947, declining to 4 cases and no deaths in 1972. In this District there were 47 cases and 6 deaths between 1947 and 1959 but no case has occurred since. Somewhat similar declines have occurred in Whooping Cough and Measles following immunisation, and it is hoped that the recent introduction of Rubella Vaccination for girls will eventually result in a decline in the number of pregnant women who contract Rubella. Tuberculosis is another disease which has changed out of all recognition, largely as the result of the introduction of effective chemotherapy in the late 1940's and the post war Mass Radiography Surveys. Effective treatment rapidly rendered infectious cases non-infective and the Surveys brought unsuspected cases to light. B.C.G. Vaccination of schoolchildren reduced the number of susceptibles in the community, and all these measures served to decrease the volume of circulating infection so that there has been a dramatic fall in the number of cases and of deaths. A further highly important factor has been the introduction of safe milk supplies thereby reducing to a trickle the number of cases of non-respiratory Tuberculosis. Tuberculosis is not yet finally controlled for there are still unrecognised cases, notably among older people, who are a risk to their contacts. However, in 1947 there were 23,500 deaths from Tuberculosis in England and Wales whereas in 1972 there were only 1,316. Even in this District a change can be seen for between 1947 and 1956 227 cases were notified with 43 deaths, but in the ten years from 1963 to 1972 there were only 50 cases and 11 deaths.

The long term effects of smoking have also seemed worthy of comment with a steadily rising death rate from lung cancer even in our small District. For example there were 108 deaths from this cause in the ten years from 1953 to 1962, rising to 221 in the next ten years up to 1972. The national death rate from lung cancer has quadrupled in the post war period, and if we add to this perhaps twice as many deaths from other causes associated with smoking, notably coronary heart disease and bronchitis, the annual death toll may now reach 100,000. This makes road deaths, which are perhaps less easily preventable, pale into insignificance.

I consider myself fortunate to have spent a large part of my working life in your charming District with its many and varied interests, and to have been associated with so many excellent colleagues with whom I have always enjoyed a good relationship. I pay particular tribute to my good friend Mr. Upstone, your wise and resourceful Senior Public Health Inspector and Surveyor since 1940 together with his Staff, and to three Clerks to the Council who have given me much valuable advice and guidance. Finally, I would thank Chairmen and Members of the Council, both past and present, for the confidence they have placed in me and the kindness that I have always been shown.

D.J.N.McNAB.

MARCH 1974.

Medical Officer of Health.